

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAIFIELD COUNTY, WISCONSIN

RECEIVED
JUL 28 2016
Bayfield Co. Zoning Dept.

Permit #: 16-00522
Date: 8-9-16
Amount Paid: \$75
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: CARL FALKENBERG Mailing Address: 2791 SHASTON RD City/State/Zip: 54804 Telephone: 715-269-1273

Address of Property: SAME City/State/Zip: 54804 Cell Phone: 715-313-4643

Contractor: SAME Contractor Phone: Plumber: Written Authorization Attached ☐ Yes ☐ No

Authorized Agent: (Person Signing Application on Behalf of Owner(s)) Agent Phone: Agent Mailing Address (Include City/State/Zip):

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-020-A-47-05-23-1 01000-0000 Recorded Document: (i.e. Property Ownership) Volume 899 Page(s) 29.5

Section 23, Township 47 N, Range 05 W Town of: EILEEN Lot Size 60' x 80' Acreage 6.79

☐ Shoreland ☒ Non-Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If Yes--Continue ☒ Distance Structure is from Shoreline: feet ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If Yes--Continue ☒ Distance Structure is from Shoreline: feet ☐ Is Property in Floodplain Zone? ☐ Yes ☒ No ☐ Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
5 \$3600.00	New Construction	<input checked="" type="checkbox"/> 1 Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: H + A + K	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	Addition/Alteration	<input type="checkbox"/> 1-Story + Loft				
	Conversion	<input type="checkbox"/> 2-Story				
	Relocate (existing bldg)	<input type="checkbox"/> Basement				
	Run a Business on Property	<input type="checkbox"/> No Basement				
		<input type="checkbox"/> Foundation				

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 18 Height: 20' Proposed Construction: Length: 10 Width: 25 Height: 10'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	
	Residence (i.e. cabin, hunting shack, etc.)	()	
	with Loft	()	
	with a Porch	()	
	with (2nd) Deck	()	
	with a Deck	()	
	with (2nd) Deck	()	
<input type="checkbox"/> Commercial Use	with Attached Garage	()	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	()	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	()	
	Addition/Alteration (specify) KITCHEN EXPANSION	(10 x 18)	270
	Accessory Building (specify)	()	
	Accessory Building Addition/Alteration (specify)	()	
Rec'd for Issuance	Special Use: (explain)	()	
AUG 08 2016	Conditional Use: (explain)	()	
Secretarial Staff	Other: (explain)	()	

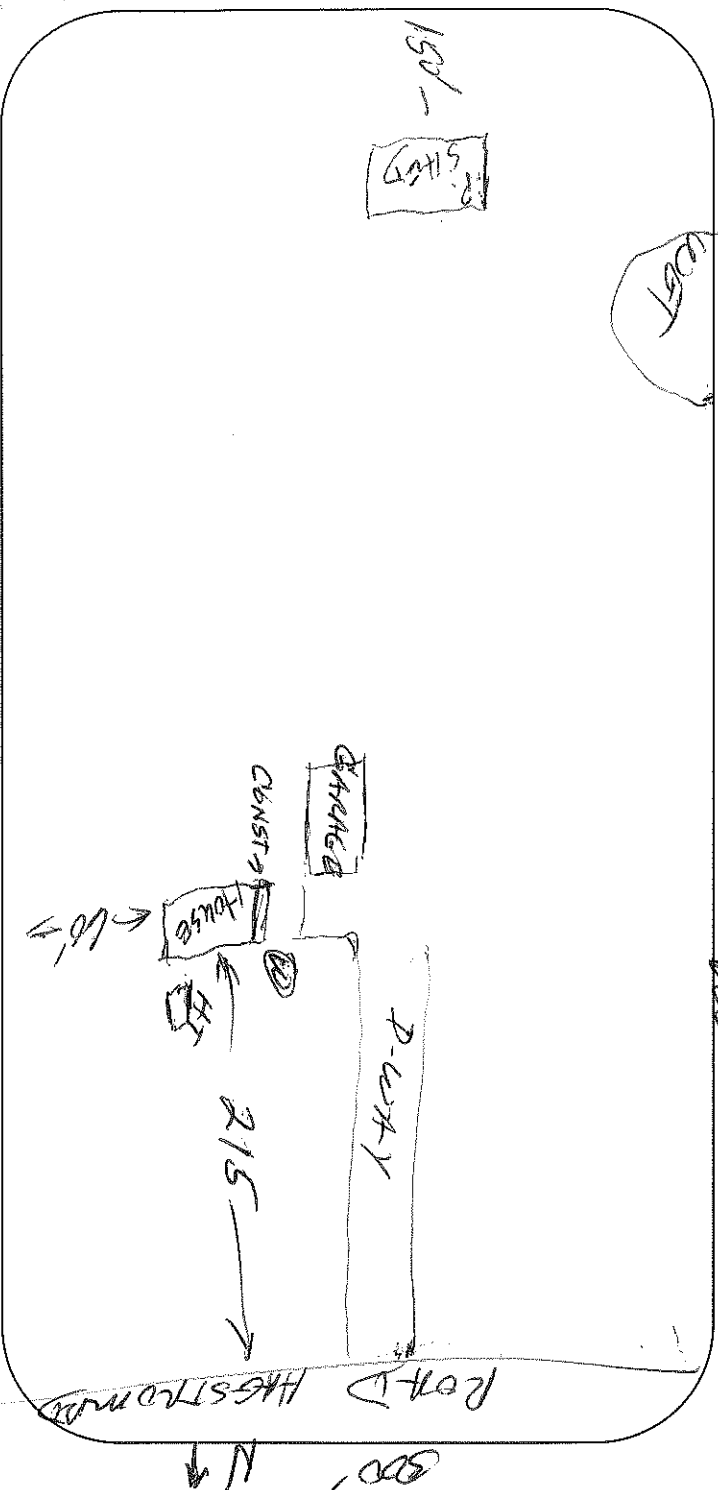
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Carl Falkenberg Date 7-28-16
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	215 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River Stream Creek	Feet
Setback from the North Lot Line	215 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	215 Feet	Setback from Wetland	215 Feet
Setback from the West Lot Line	215 Feet	20% Slope Area on property	800 Feet
Setback from the East Lot Line	60 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	70 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (Portable, Composting)	Feet		Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 14-455	# of bedrooms:	Sanitary Date: 2014
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0252		Permit Date: 8-9-16		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Zoning District: A91			
Date of Inspection: 8/15/16	Inspected by: JC	Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)				
Must get WDC if needed				
Signature of Inspector:	Date of Approval: 8/16/16			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Da

RECEIVED
AUG 02 2016

Bayfield Co. Zoning Dept.

Permit #:

16-0854

Date:

Amount Paid:

8-9-16
#125

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

Bayfield Co. Zoning Dept.

SECRET

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER													
Owner's Name:		Dover Z. Pco				Mailing Address:		City/State/Zip:	Telephone:												
Address of Property:		27550 St. Hwy 118				City/State/Zip:		715-292	Cell Phone: 2834												
Contractor:		Asheboro, NC 27806				Contractor Phone:		Plumber:	Plumber Phone:												
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No											
PROJECT LOCATION		Legal Description: (Use Tax Statement)				PIN: (23 digits) 04-02-47-05-33-4-03-000-1200		Recorded Document: (i.e. Property Ownership) Volume 965 Page(s) 56													
Section 33, Township 47 N, Range 5 W		Gov't Lot				Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:		Lot Size		Acreage 30	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →				Distance Structure is from Shoreline : _____ feet				Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →				Distance Structure is from Shoreline : _____ feet				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No							

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>999</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____		<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 4	Width: 16	Height: 128

Proposed Use		Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
<input checked="" type="checkbox"/> Commercial Use		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use Rec'd for Issuance	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) Addition to bldg	(8 x 16)	128
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	AUG 08 2015			
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
Secretarial Staff	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Carla Spivey

Authorized Agent: _____ Date: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Copy of Tax Statement _____

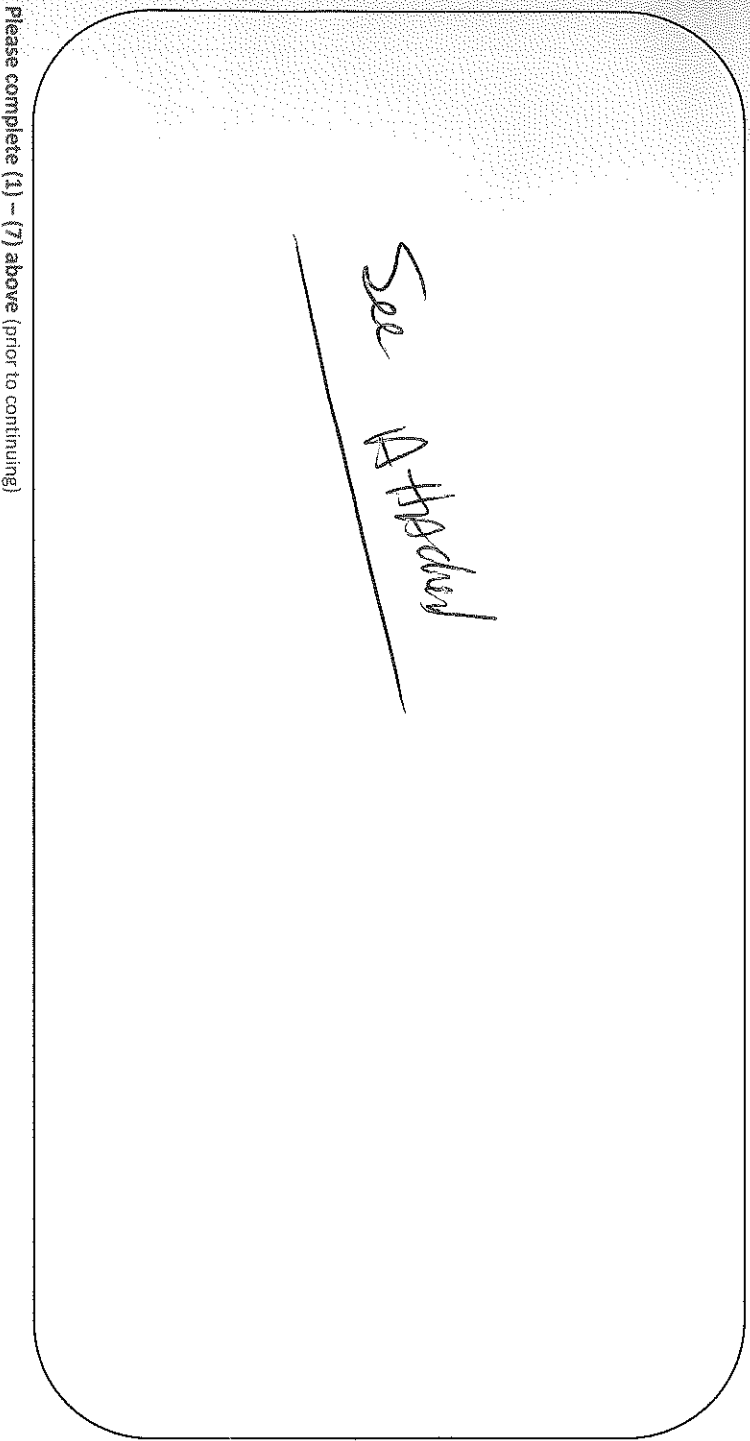
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	325 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	2300 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	225 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	590 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	330 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-00854		Permit Date: 8-9-16		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously/Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required Affidavit Attached
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: OK -		Zoning District (C) Lakes Classification ()		
Date of Inspection: 8-4-16		Inspected by: [Signature]		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: [Signature]		Date of Approval: 8-11-16		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

Map

Description for your map.

Legend

Google earth

© 2016 Google
© SPOT IMAGE

118

300 ft



SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Rec'd: AUG 03 2016
Bayfield Co. Zoning Dept.

Permit #: 16-0055
Date: 8-9-16
Amount Paid: \$125
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>DAREN Z. FKO</u>	Mailing Address: <u>27550 St Hwy 118 Ashland WI</u>	City/State/Zip: <u>715-292</u>
Address of Property: <u>27550 St Hwy 118</u>	City/State/Zip: <u>27550 St Hwy 118 Washburn WI 54806</u>	Cell Phone: <u>2834</u>
Contractor: _____	Contractor Phone: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>SW 1/4 SE 1/4 200 E 5th</u>	Legal Description: (Use Tax Statement) <u>04-086-2-47-05-33-4 03-000-10000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>965</u> Page(s) <u>56</u>
Section <u>33</u> , Township <u>47</u> N, Range <u>5</u> W	Town of: <u>Eden</u>	Lot Size _____ Acreage <u>30</u>

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If Yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <u>\$ 5800</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft			<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: _____	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story			<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>47'</u>	Width: <u>8'</u>	Height: <u>12'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with (2") Porch	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with (2") Deck	(<input type="checkbox"/> X)	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Addition/Alteration (specify) _____	(<input type="checkbox"/> X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) <u>12,000 gal LP TANK</u>	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X)	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	(<input type="checkbox"/> X)	
<u>AUG 08 2013</u>	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X)	
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Daren Z. FKO Date 8-3-16
(if there are Multiple Owners listed on the permit, all Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach _____
If you recently purchased the property send your Recorded Deed

below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See record

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	261 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1071 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	6350 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	613 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	372 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	382 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	470 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0255		Permit Date: 8-9-16		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: Site Staked		Zoning District () Lakes Classification ()		
Date of Inspection: 8-4-16	Inspected by: J. Hawley	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)				
Must get State / Federal Approval if needed. 7 Tanks allowed \$15000 MAY 30/16				
Signature of Inspector: J. Hawley				Date of Approval:
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>
				8.8.16



Eileen

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STATE HWY 119

Kelly 04020247053330400010000

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